In re Application of:

MASAYA OGURA

Application No.: 10/659,300

Filed: September 11, 2003

For: INFORMATION PROCESSING METHOD AND SYSTEM USING MEDICAL EXAMINATION

NOV 2 7 2006

**DEVICE AS MEDIUM** 

Mail Stop Amendment THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                  |                   |
|--|--|-------|--|-------------------------|------------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE             | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | 25   | MINUS | 24   | = 1                     | x \$25<br>\$50   | \$50.00           |
| INDEP.<br>CLAIMS                               | 10   | MINUS | 10   | = 0                     | x \$100<br>\$200 | \$.00             |
| Fee for Multiple Dependent claims \$180°/\$360 |  |       |  |                         |                  | \$.00             |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT        |  |       |  |                         |                  |                   |

Docket No.

03599.000076.

Examiner: Anna Skibinsky

Date: November 17, 2006

Group Art Unit: 1631

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

|   | Verified Statement claiming small entity status is enclosed, if not filed previously.   |
|---|---|
| X | A check in the amount of \$_50.00 is enclosed.  |
|   | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed  |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| X | A check in the amount of \$120.00 to cover the fee for a One month extension is enclosed.   |
| X | A check in the amount of \$_180.00_ to cover the Information Disclosure Statement fee is enclosed.  |
| X | Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.  |
|   | Respectfully submitted,   |
|   | Damond E. Vadnais Attorney for Applicant Registration No.: 52,310   |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

CA\_MAIN 122647v1